

## CORRESPONDENCE

a diagnosis of pulmonary embolism. Also, Murphy's criteria for diagnosing Buerger's disease are not clear.

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## Traveler's Diarrhea

TO THE EDITOR: Emporiatic enteritis (traveler's diarrhea, *turista*, Montezuma's revenge) has been reported in as many as 40 percent of members of groups visiting endemic areas,<sup>1</sup> and has been linked to an enterotoxigenic *Escherichia coli* as one of the etiologic agents.<sup>1</sup> Various modalities for prophylaxis have been recommended to decrease the rate of affliction, but no study has been reported to compare the various efficacies of these therapies.

I recently served as the tour physician for the members of the Los Angeles Philharmonic Orchestra, and distributed a questionnaire to the orchestra four days after completing a six-day tour of Mexico City, soliciting retrospective data about health problems including diarrhea during the preceding ten days. Of 110 questionnaires, 93 (85 percent) were returned. A rigorous health orientation was offered to the orchestra before departure, outlining nonmedicinal precautions to be taken with regard to food and drink. Prophylaxis with doxycycline (200 mg to start and 100 mg every day for the duration of the Mexican portion of the tour<sup>2,3</sup>) and Pepto-Bismol (2 oz four times a day<sup>1</sup> or two tablets four times a day) was made available. The use of *Lactobacillus acidophilus* tablets (freeze-dried) was discussed with more "holistic" members of the orchestra.

Overall, 37 percent of the orchestra had some instances of diarrhea reported, and only 24 percent had it more than four times a day. Thirty-nine people took no prophylactic medication, and they had a 30 percent diarrhea rate. Twenty-four people took doxycycline for prophylaxis, with 16 percent having any diarrhea. Fourteen people reportedly took the *L. acidophilus* tablets prophylactically, with a 42 percent diarrhea rate. Fifteen people took Pepto-Bismol, but it later appeared that the questionnaire was unclear as to that which

was taken for prophylaxis versus that taken for therapy, as they had an 80 percent diarrhea rate. Although none of these data are statistically significant, they are suggestive of the usefulness of doxycycline as prophylaxis.

Analysis of the relationship between food and drink and the incidence of diarrhea failed to show much difference between being "compulsively careful" and "moderately careful." It is clear, however, that the large number of people who were at least moderately careful did have less diarrhea than those who were "not at all careful." There was no relation between meals taken only at the hotel, meals taken elsewhere, the use of hotel water (*agua purificada*) for drink or the brushing of teeth, and the incidence of diarrhea. There did not appear to be a relationship between previously having had traveler's diarrhea, having a "sensitive stomach" or the instrument played and the rate of diarrhea. Anxiety about concerts on tour was not a significant factor. No one was unavailable for a concert due to significant illness until the seventh day.

In summary, some lessening of the overall diarrhea rate may have been achieved by a careful predeparture orientation of all members of the orchestra. Those who took doxycycline had less diarrhea than any other group. The *L. acidophilus* tablets may have caused more diarrhea than they prevented. The role of Pepto-Bismol in the prophylaxis of emporiatic enteritis is unclear.

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## Birth Parents, Adoptive Parents and Adoptees

TO THE EDITOR: I was late in reading my journals, so just recently I noted the letter from a medical student, C. Mark Hynum, in the February 1982 issue<sup>1</sup> in response to our own article of July 1981,<sup>2</sup> "Adoption: Pediatric, Legislative and Social Issues," and the comment in the October 1981 issue by Xavier Gonzalez, MD.<sup>3</sup>

As a belated reply, first to Dr. Gonzalez: The need and the desire for anonymity of the birth parent has been greatly overemphasized. The few

who still feel this way are greatly overbalanced by the majority of birth parents eager to find these children.<sup>4</sup> In fact, many adoptees do not even seek out these parents, but are satisfied with information about their heritage. Persons working in the adoptive field use the term birth parents to distinguish this person (or persons) from the adoptive parents who are the true psychological and meaningful parents of the adoptee. Much of this was eloquently expressed in the reply by C. Mark Hynum in the February 1982 issue.<sup>1</sup> As an adoptee, he understands many of the problems of which much of the medical profession is unaware. Only recently has adoption come out of the closet and people in the adoption community are becoming able to express their feelings and their problems.

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## Western Student Medical Research Forum

TO THE EDITOR: There is concern among medical educators that diminishing student interest in academia as a career threatens the quality of future medical education and the vitality of American clinical research.

It is said that among previous generations of medical students, about half expressed interest in academic careers, while today only a few are so inclined. The reasons for this are complex and include economic as well as other factors.

Measures currently being taken to counter this trend include increases in clinical investigator traineeship positions and support for medical student research.

One of the most vigorous and, I believe, successful efforts to encourage student research is being coordinated by a lay person. The Western Student Medical Research Forum (WSMRF) provides an opportunity for students to present their work in a scientific session held conjointly with the Annual Meeting of the Western Section of the American Federation for Clinical Research (AFCR). Representing the 16 western medical schools, the WSMRF has earned a remarkable reputation for quality

and consistency among student research forums.

Since 1974 the WSMRF has been coordinated by Mrs. D. P. Bertakis of Sacramento, California. She became involved when her daughter, then a student, became chairman of the Forum. Mrs. Bertakis realized the need for expert administrative direction if this student-initiated effort was to thrive.

And thrive it did. The 1982 Forum saw more than 60 student papers presented, and had noted faculty representation throughout its two-day program.

Mrs. Bertakis has made a truly commendable contribution to medical education. Without remuneration, she annually spends considerable time organizing what may be the gem of medical student research forums. She has touched the lives and, I believe, influenced the career direction of medical students throughout the West. In addition, she may have shown us a particularly effective way to rekindle student interest in academia as a career.

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## Heparin-Induced Thrombocytopenia

TO THE EDITOR: The article entitled "Risk of Complications During Intravenous Heparin Therapy"<sup>1</sup> by Nelson and co-workers in the March issue was well-written and informative. Unfortunately, the character of their series underestimates the incidence of heparin-induced thrombocytopenia (HIT) as a risk of heparin therapy, and their conclusions underemphasize its significance. Heparin-induced thrombocytopenia is a major complication of heparin therapy. In susceptible persons an immunologically mediated response causes increased platelet adhesiveness and aggregation.<sup>2</sup> Platelet-fibrin clot formation may follow, causing arterial or venous thromboembolism. Both large and small vessels may be occluded, including the abdominal aorta, sagittal sinus and coronary arteries. Clinical manifestations include limb ischemia, recurrent venous thrombosis, myocardial infarction and cerebrovascular accidents. When associated with arterial thromboembolism, the mortality of this complication may be as high as 60 percent.<sup>3</sup>

Heparin-induced thrombocytopenia is not limited to that population that Nelson and associates found to be most at risk for heparin complications